MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05217

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Point — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Point
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) Q. (Last) DYER

4. DATE OF DEATH: (Month) May (Day) 1 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify):

8. DATE OF BIRTH: Nov. 1, 1871

9. AGE last birthday: 80 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: self

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Austin Miles Dyer

14. MOTHER'S MAIDEN NAME: Mary Cecelia Queen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Mrs. Eugene Lloyd, Rock Point, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	4-28-52
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	
	DUE TO (c) Gen. Art Sclerosis	1940

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 9 39, to 5-1, 1952, that I last saw the deceased alive on 5-1, 1952, and that death occurred at 4 P.M., from the causes and on the date stated above.

SIGNATURE E. Edelen (DEGREE OR TITLE) M.D. ADDRESS La Plata DATE SIGNED 5-1-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 5/3/52 — NAME OF CEMETERY OR CREMATORY Holy Ghost — LOCATION (City, town, or county) (State) Issue, Md

DATE REC'D BY LOCAL REG. 5/3/52 — REGISTRAR'S SIGNATURE Julia H. Pasey — 24. FUNERAL DIRECTOR Huntt & Ryon, Waldorf, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAY 12 1952
BUREAU V. S.

Item 14: Film G151 2/19/53

05216

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf Rural
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Wilson, N.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Edward (Last) Fisher
4. DATE OF DEATH: (Month) 5 (Day) 10 (Year) 1952
5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced
8. DATE OF BIRTH: 6-8-14
9. AGE last birthday: 38 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Handled tobacco in auction marehouse
10b. KIND OF BUSINESS OR INDUSTRY: Laborer
11. BIRTHPLACE (State or foreign country): N.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Issiah Fisher
14. MOTHER'S MAIDEN NAME: Eunice ~~Annie~~ Carter
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Addie Morgan (Sister)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Fracture Skull	5-10-52
812.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hit By Auto	5-10-52
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Highway 301 (CITY OR TOWN) Waldorf (COUNTY) Chas (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour): 5-10-52 1Am.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Pedestrian hit by auto

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: C. J. Edelen (Degree or title) M.D. ADDRESS: La Plata Md DATE SIGNED: 5-10-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 5-13-52
NAME OF CEMETERY OR CREMATORY: Rest Haven Wilson N.C.
LOCATION (City, town, or county): Wilson (State) N.C.
DATE REC'D BY LOCAL REG.: 5/12/52
REGISTRAR'S SIGNATURE: Julia H. Pasey
24. FUNERAL DIRECTOR: Huntt & Ryan ADDRESS: Waldorf Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 14 1952
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05218

CERTIFICATE OF DEATH

Reg. Dist. No. 106

1. PLACE OF DEATH:

County: Charles

City or town: Grayton
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Charles.

City or town: Grayton
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Charlotte Cornelia Franklin

3. (b) Social Security Number:

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife: John A. Franklin

6.(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): March 3 1867

8. AGE: Years: 85 Months: 2 Days: 19 If less than one day ____ hrs. ____ min.

9. Birthplace: Doncaster, Charles Co. Maryland.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Samuel Welch
13. Birthplace: Charles Co. Md

MOTHER
14. Maiden name: Eliza Skinner.
15. Birthplace: Charles Co. Md.

16. Informant: Mary F. Posey

Address: Grayton Md.

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof: May 1952
(month) (day) (year)

Cemetery or crematory: Baptist

Location: Nanjemoy Md.

18. Funeral director: Hunt & Ryon.

Address: Waldorf, Md.

19. 5/22 1952 Odey Price
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 22 1952 at 8 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 16 1952 to May 22 1952 and that I last saw her alive on May 21 1952

Immediate cause of death: Infirmities of age.

Due to: Cardiac Failure. Asthma.

Due to:

Other conditions: 241 X
(Include pregnancy within 3 months of death)

DURATION

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: George C. Bicknell Mk
M. D. or other

Address: Marbury Md Date signed: May 22 52

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 45-15M

RECEIVED
JUN 11 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 05219

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 106

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Charles; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural (Indian Head); LENGTH OF STAY (in this place) 38 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Indian Head; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Levia (Last) Gwynn

4. DATE OF DEATH: (Month) May (Day) 18 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 1866

9. AGE last birthday: 86 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: own Home

11. BIRTHPLACE (State or foreign country): Portsf. Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Chase

14. MOTHER'S MAIDEN NAME: Day

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY No.: —

17. INFORMANT AND ADDRESS: Sidney Gwynn, Indian Head. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis — Interval Between Onset and Death: 1 year

4222 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. La Grippe — 1 wk.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 12, 1952, to May 18, 1952, that I last saw the deceased alive on May 17, 1952, and that death occurred at 12 30A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Martha Susan M.D. ADDRESS Indian Head. Md DATE SIGNED 5-18-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: May 20, 1952 — NAME OF CEMETERY OR CREMATORY: Methodist E. Church — LOCATION (City, town, or county) (State): Pomonkey Md

DATE REC'D BY LOCAL REG. 5/19/52 — REGISTRAR'S SIGNATURE: Odey Price

24. FUNERAL DIRECTOR: Penny & Cofer — ADDRESS: Mason Springs. Md.

RECEIVED
JUN 11 1952
BUREAU V. S.

M

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05220

CERTIFICATE OF DEATH

Reg. Dist. No. 101

1. PLACE OF DEATH:

County: Charles

City or town: Marbury (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 22 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Charles.

City or town: Marbury (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Catherine Amanda Hanna

3. (b) Social Security Number: —

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife: Thomas Arthur Hanna

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): January 18, 1861

8. AGE: Years 91 Months 4 Days 11 If less than one day hrs. min.

9. Birthplace: Magnolia - Harford Co, Md (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER

12. Name: Noah S. Stinchcomb

13. Birthplace: Harford Co. Md.

MOTHER

14. Maiden name: Mary Elizabeth Unger

15. Birthplace: District of Columbia

16. Informant: Esther Hanna Bailey

Address: Marbury Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 31 1952 (month) (day) (year)

Cemetery or crematory: Cokesbury

Location: Abdingdon, Md

18. Funeral director: Hunt & Ryon

Address: Waldorf Md

19. 5/29 1952 (Date rec'd by registrar) Mary Southerland Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 29 1952 at 12 45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 30 1930 to May 29 1952 and that I last saw her alive on May 27 1952

Immediate cause of death: Cerebral Hemorrhage

Due to

Due to

Other conditions: 331X (Include pregnancy within 3 months of death)

DURATION

Major findings of operations Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: George C. Bicknell, Mtr. M. D. or other

Address: Marbury Md Date signed May 29, 52

RECEIVED
JUN 4 1952
BUREAU V. S.

Item 21 Film G143 6-3-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH

05221

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 105

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf Md
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Chas
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf MD
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) HENRY (Last) HUNTER

4. DATE OF DEATH: (Month) 5 (Day) 8 (Year) 1952

5. SEX M | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M | 8. DATE OF BIRTH 6-19-06 | 9. AGE last birthday 45 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman
10b. KIND OF BUSINESS OR INDUSTRY Whiskey
11. BIRTHPLACE (State or foreign country) U.S.A.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Robert M. Hunt Sr
14. MOTHER'S MAIDEN NAME Caroline D Lee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. 214-05-1391
17. INFORMANT AND ADDRESS Robert M Hunt Jr Bowie

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Compound fracture skull	5-8-52
816.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) auto accident	5-8-52

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway
(CITY OR TOWN) Waldorf (COUNTY) Chas (STATE) Md.
TIME OF INJURY (Month) 5 (Day) 8 (Year) 52 (Hour) 2 45 Am.
INJURY OCCURRED While at work ☐ Not while at work X
HOW DID INJURY OCCUR? Collision between auto accident two autos.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident X, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE E. Modelew (Degree or title) M.D. ADDRESS LaPlata Md DATE SIGNED 5-8-52

23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF 5-10-52 | NAME OF CEMETERY OR CREMATORY St Peters | LOCATION (City, town, or county) Waldorf (State) Md

DATE REC'D BY LOCAL REG. 5-8-52 | REGISTRAR'S SIGNATURE M L Monroe | 24. FUNERAL DIRECTOR Hunt & Lyon ADDRESS Waldorf Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 12 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05222

CERTIFICATE OF DEATH

Reg. Dist. No. 106

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Rural Indian Head
LENGTH OF STAY (in this place) 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE North Carolina COUNTY Person
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Roxboro
STREET ADDRESS (If rural, give location) Academy Street

3. NAME OF DECEASED: (Type or Print) (First) Carrie (Middle) Lee (Last) Jackson

4. DATE OF DEATH: (Month) May (Day) 7 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 6 June 1894

9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Heywood Foushee

14. MOTHER'S MAIDEN NAME: Mary ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 245-10-2257

17. INFORMANT & ADDRESS: William H. Jackson, Indian Head, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Uremia	14 days
17/X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Carcinoma of the Cervix	4 years
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 18 Nov 1949

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Cervix with multiple metastases

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1952, to May, 1952, that I last saw the deceased alive on 7 May, 1952, and that death occurred at 3:05 P m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) William A Harris, M.D. ADDRESS La Plata Md DATE SIGNED 7 May 1952

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): DATE THEREOF 5/10/52 NAME OF CEMETERY OR CREMATORY Person County LOCATION (City, town, or county) (State) Person Co, N.C.

DATE REC'D BY LOCAL REG. 5/7/52 REGISTRAR'S SIGNATURE Odey Priest

24. FUNERAL DIRECTOR ADDRESS Hewitt & Ryon Waldorf, Md

VS-A15 8-51

RECEIVED
JUN 11 1952
BUREAU V. S.

05223

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100 ~~105~~

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wayside Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Chas
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wayside Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Julia (Middle) ann (Last) Jones
4. DATE OF DEATH (Month) 5 (Day) 8 (Year) 1952

5. SEX F
6. COLOR OR RACE C
7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~ (Specify)
8. DATE OF BIRTH 5-9-1899
9. AGE last birthday 5-2 yrs. If under 1 year Months 11 Days 30 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work
10b. KIND OF BUSINESS OR INDUSTRY Self
11. BIRTHPLACE (State or foreign country) Charles Co
12. CITIZEN OF WHAT COUNTRY? NS

13. FATHER'S NAME Walbert Sollars
14. MOTHER'S MAIDEN NAME Anna Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO. M
17. INFORMANT AND ADDRESS Garfield Jones Cousin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY 3, 1951, to 8th, 1952, that I last saw the deceased alive on ON MAY, 1952, and that death occurred at 1 AM m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Ernest Spencer J. M.D. ADDRESS Bel Alton Md. DATE SIGNED May 8, 1952

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify)
DATE THEREOF 5-10-52
NAME OF CEMETERY OR CREMATORY Shiloh M E
LOCATION (City, town, or county) Wayside (State) Md

DATE REC'D BY LOCAL REG. 5-8-52
REGISTRAR'S SIGNATURE M R Monroe
24. FUNERAL DIRECTOR Hewitt & Tyson ADDRESS Waldorf Md

5/10/52 Julia H. Pasey

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 12 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05224

CERTIFICATE OF DEATH

Reg. Dist. No. 101

1. PLACE OF DEATH:

County: Charles

City or town: Rison
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Lifetime

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Charles

City or town: Rison
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war: —

3. (a) FULL NAME Birdie Lee

3. (b) Social Security Number —

4. Sex: Female

5. Color or race: C

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Frederick Lee

6.(c) If alive, give age: 66 years

7. Birth date of deceased (mo., day, yr.): January 2, 1892

8. AGE: Years: 60 Months: — Days: — If less than one day: hrs. — min.

9. Birthplace: Rison, Charles Co., Md
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: —

FATHER
12. Name: James Linkins
13. Birthplace: Charles Co. Md

MOTHER
14. Maiden name: Nora Simmons,
15. Birthplace: Charles Co. Md.

16. Informant: Daree Linkins

Address: Rison. Md

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof: May 24 1952
(month) (day) (year)

Cemetery or crematory: Alexander Chapel

Location: Chicamuxen, Md.

18. Funeral director: Matthews & Barnes,

Address: Washington, D.C.

19. May 20 1952
(Date rec'd by registrar)

Mary Southerland
Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 20 1952, at 10:20 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 18 1952, to 8 19

and that I last saw her alive on May 18 1952

Immediate cause of death: Diabetes Mellitus

DURATION

Due to:

Due to:

Other conditions: 260X
(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: George C. Bicknell MD
M. D. or other

Address: Marbury Md Date signed: May 20, 52

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
MAY 27 1952
BUREAU V. I.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

05225

Reg. Dist. No. 100

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Indian Head
STREET ADDRESS (If rural, give location) 30 Strauss

3. NAME OF DECEASED: (Type or Print) (First) Michael (Middle) Joseph (Last) McGuigan

4. DATE OF DEATH: (Month) May (Day) 22 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: May 22, 1952
9. AGE last birthday: ✓ yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours 13 | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): La Plata Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Chester McGuigan
14. MOTHER'S MAIDEN NAME: Louise Elizabeth Bailey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Mr. Geo. C. McGuigan, Indian Head, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Cytolectasis	12 hrs
762.5	DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Tender development	
	DUE TO	
	(c) Prematurity	12 hrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-22, 1952, to 5-22, 1952 that I last saw the deceased alive on 5-22, 1952, and that death occurred at 4P m., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) ADDRESS Indian Head Md DATE SIGNED 5-23-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 5/23/52
NAME OF CEMETERY OR CREMATORY St. Charles
LOCATION (City, town, or county) (State) Indian Head, Md.
DATE REC'D BY LOCAL REG. 5/23/52
REGISTRAR'S SIGNATURE Julia H. Posey
24. FUNERAL DIRECTOR Geo C. McGuigan, Indian Head Md ADDRESS

2052374240

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAY 26 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5226

CERTIFICATE OF DEATH

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS A15 8-51

1. PLACE OF DEATH:
COUNTY: CHARLES — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WALDORF (RURAL)
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MARYLAND COUNTY: CHARLES
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WALDORF (RURAL)
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) R. (Last) NUTWELL

4. DATE OF DEATH: (Month) MAY (Day) 19 (Year) 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
F.	W.	Widowed	Dec. 17, 1871	80 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housework	own home	Charles Co., Md.	USA

13. FATHER'S NAME: Joseph R. Waters

14. MOTHER'S MAIDEN NAME: Ellen S. Doria

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		Mrs. Leo Montgomery, Waldorf Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) HYPERTENSIVE CARDIO-VASCULAR DISEASE	5 YEARS.
443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (CARDIAC FAILURE)	
	(b) HYPERTENSION, MALIGNANT	10 YEARS
	DUE TO	
	(c) GENERALIZED ARTERIO-SCLEROSIS	15 YEARS

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from June, 19 47, to May 19, 19 52, that I last saw the deceased alive on May 19, 19 52, and that death occurred at 4:30 p.m. EST, from the causes and on the date stated above.

SIGNATURE: John N. Griffin, M.D. (DEGREE OR TITLE) ADDRESS: Hughesville DATE SIGNED: 5/20/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5/23/52	St. Marys	Bryantown, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/21/52	Julia H. Casey	Hunt & Ryon, Waldorf, Md	

RECEIVED
MAY 26 1952
BUREAU V. S.

05227

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 101

1. PLACE OF DEATH:

County: Charles

City or town: Port Tobacco
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Charles

City or town: Port Tobacco
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Arbria Darlene Smith (Gevin) #1

3.(b) Social Security Number

4. Sex: F

5. Color or race: Col. S

6.(a) Single, married, widowed, or divorced: S

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): May 2 1951 10 am.

8. AGE: Years: 1 Months: Days: 8 If less than one day ... hrs. ... min.

9. Birthplace: Port Tobacco Md
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name: Wilbert Smith
13. Birthplace: Charles Co. Md

MOTHER
14. Maiden name: Mazell Willis
15. Birthplace: Springfield, Tenn

16. Informant: Wilbert Smith
Address: Port Tobacco, Md

17. Burial
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory: Smith Chapel

Location: Pisgah Md

18. Funeral director: Stanley Penny

Address: Mason Springs Md.

19. May 12 1952
(Date rec'd by registrar) Mary Smithland Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 10 1952 at 9 30 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19 ... to ... 19 ...

and that I last saw h... alive on ... 19 ...

Immediate cause of death

Due to: Broncho-Pneumonia

Due to: Measles.

Other conditions: 085.1
(Include pregnancy within 3 months of death)

DURATION

Major findings of operations ... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ... Injured at work?

23. SIGNATURE: George C Bicknell Jr. M. D. or other

Address: Marbury Md Date signed: May 10 52

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 16 1952
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

115228

Reg. Diat. No. 101

1. PLACE OF DEATH:
County: Charles
City or town: Port Tobacco
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or Institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Charles
City or town: Port Tobacco
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Barbara Jean Smith (Twin)

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	C	S

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) May 2 1951 - 10:20 AM

8. AGE: Years: 1 | Months: 7 | Days: 8 | If less than one day: ..... hrs. ..... min.

9. Birthplace: Port Tobacco Md
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name: Wilbert Smith
13. Birthplace: Charles Co. Md

MOTHER
14. Maiden name: Hazel Willis
15. Birthplace: Springfield Penn

16. Informant: W. Albert Smith
Address: Port Tobacco. Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 12 1952 (month) (day) (year)
Cemetery or crematory: Smith Chapel
Location: Pisgah, Md.

18. Funeral director: Stanley Penny
Address: Mason Springs Md.

19. May 12 1952 (Date rec'd by registrar) Mary Smith Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 10 1952 at 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 10 1952 to ..... 19.....
and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Due to: Bronchio-Pneumonia	
Due to: Measles	
Other conditions	

085.1
(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, Industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE: Geo. C Bickell M.D.
M. D. or other
Address: Waldorf Md. Date signed May 10 52

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

RECEIVED
MAY 16 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05229

CERTIFICATE OF DEATH

Reg. Dist. No. 16

1. PLACE OF DEATH:
COUNTY Chales. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital La Plata. Md

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Charles.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural — Welcome Md.
STREET ADDRESS (If rural, give location) Roy Reed's Farm

3. NAME OF DECEASED: (Type or Print) (First) ETTA (Middle) (Last) STAMP

4. DATE OF DEATH: (Month) May (Day) 26 (Year) 1952

5. SEX: F

6. COLOR OR RACE: US-W

7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~ (Specify):

8. DATE OF BIRTH: Jan 19

9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): Charles Co MD

12. CITIZEN OF WHAT COUNTRY? NS

13. FATHER'S NAME: Charles B. Farrar

14. MOTHER'S MAIDEN NAME: Sarah Robertson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) NO

16. SOCIAL SECURITY No.: NO

17. INFORMANT & ADDRESS: Charles Stang Son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive heart failure.	3 wks
420.0	DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arteriosclerotic disease of heart.	10 years
	DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 22, 1952, to May 26, 1952, that I last saw the deceased alive on 26 May, 1952, and that death occurred at 12 05 a.m., from the causes and on the date stated above.

SIGNATURE S. Woodley (DEGREE OR TITLE) M.D. ADDRESS La Plata. DATE SIGNED 26 May 52.

23. BURIAL, CREMATION REMOVAL (Specify): DATE THEREOF May 31/52 NAME OF CEMETERY OR CREMATORY St Joseph LOCATION (City, town, or county) Bryant Md (State)

DATE REC'D BY LOCAL REG. 5-29-52 REGISTRAR'S SIGNATURE Mr L. Monroe

24. FUNERAL DIRECTOR Hunt & Ryan ADDRESS Waldorf Md

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

I

T

COPY SENT TO LOCAL REGISTRAR No. CHo DATE 6-2-52

RECEIVED
JUN 2 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

05230

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Marshalls Corner

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) TAYLOR (Middle) William H. (Last)

4. DATE OF DEATH: (Month) 5 (Day) 7 (Year) 19 52

5. SEX M | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M | 8. DATE OF BIRTH 12-17-04 | 9. AGE last birthday 45 yrs. | If under 1 year: Months, Days | If under 24 hrs: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | 10b. KIND OF BUSINESS OR INDUSTRY Construction | 11. BIRTHPLACE (State or foreign country) Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Hoade Taylor | 14. MOTHER'S MAIDEN NAME Florence Bruce Bradshaw

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS Mrs Dyer (sister) La Plata, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage, fractured

8124 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) skull, compound comminuted — 5-5-52

(c) fracture both legs tibia & fibula

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway | (CITY OR TOWN) Marshall Corner | (COUNTY) Charles | (STATE) Md.

TIME OF INJURY (Month) 5 (Day) 5 (Year) 52 (Hour) 9:15 p.m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Hit by auto while walking

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) L. Rodeler M.D. | ADDRESS La Plata Md | DATE SIGNED 5-6-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 5/10/52 | NAME OF CEMETERY OR CREMATORY St. Joseph | LOCATION (City, town, or county) Pomfret, Charles, Md. (State)

DATE REC'D BY LOCAL REG. 5/8/52 | REGISTRAR'S SIGNATURE Julia H Posey | 24. FUNERAL DIRECTOR Johnson & Jenkins | ADDRESS 2053 Georgia Ave. N.W. Washington, D.C.

VS. A15A

RECEIVED
MAY 12 1952
BUREAU V. S.